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<b>-</b> :11	in this information to	: double									
	in this information to otor 1	Janice Lynn									
Del	otor 2 buse, if filing)	<u> </u>				_					
Uni	ted States Bankrupto	cy Court for the	: _EASTERN DISTRICT	OF PENNSYLVANI	A						
Cas	se number 19-1	2755					Ch	eck if this is	:		
(If kr	nown)			-				An amende	ed filina		
										g postpetition ollowing date:	
0	fficial Form	<u> 1061</u>						MM / DD/ Y	/YYY		
S	chedule I: Y	our Inco	ome								12/15
spo atta	use. If you are sepa ch a separate sheet	trated and you to this form. ( Employment	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infor	matio	n abo	ut your spe	ouse. If mo	ore space is	needed,
1.	Fill in your emploinformation.	yment	Debtor 1					Debtor 2	2 or non-fi	ling spouse	
	If you have more th	e page with	Employment status	■ Employed			☐ Employed				
	attach a separate information about employers.		Employment status	☐ Not employed				☐ Not employed			
			Occupation	Payroll							
	Include part-time, s self-employed work		Employer's name	National Computing Group							
		supation may include student omemaker, if it applies.  Employer's address  Pittsbu			ittsburgh, PA 15223						
			How long employed t	here? <u>2 year</u>	s						
Par	t 2: Give Deta	ails About Mor	thly Income								
	mate monthly incoruse unless you are so		ate you file this form. If	you have nothing to I	report for	any lir	ne, wi	ite \$0 in the	space. Inc	clude your no	n-filing
-	u or your non-filing s e space, attach a ser	•	ore than one employer, co	ombine the information	on for all e	employ	yers f	or that perso	on on the li	nes below. If	you need
							For D	ebtor 1		btor 2 or ng spouse	
2.		monthly gross wages, salary, and commissions (be ctions). If not paid monthly, calculate what the monthly			2.	\$_		7,800.00	\$	N/A	
3.	. Estimate and list monthly overtime pay.				3.	+\$_		0.00	+\$	N/A	
4.	Calculate gross Ir	ncome. Add lin	ne 2 + line 3.		4.	\$	7,	800.00	\$	N/A	

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Debt	or 1	Janice Lynn Cutter		C	Case number (if known)	19-12	755		
					For Debtor 1		ebtor ilina s	2 or pouse	
	Сор	y line 4 here	4.		\$ 7,800.00	\$		N/A	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 2,091.44	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		N/A	-
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.		\$ 0.00 \$ 0.00	\$		N/A N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.00	\$ 		N/A	_
	5g.	Union dues	5g.		\$ 0.00	\$		N/A	-
	5h.	Other deductions. Specify:	_ 5h.	.+	\$ 0.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$2,091.44	\$		N/A	-
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$5,708.56_	\$		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 0.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0.00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent							-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.		\$823.00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		N/A	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.		\$	\$		N/A	-
	oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	0~	Specify:	_ 8f.		\$ 0.00	\$		N/A	
	8g. 8h.	Pension or retirement income Other monthly income. Specify: Pro-rated tax refund	8g. 8h.		\$ <u>0.00</u> \$ 530.00	* + \$		N/A N/A	-
	OII.	Tro-rated tax refund	_ 011.	·· 	Ψ	'Ψ		IVA	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,353.00	\$		N/A	<u>\</u>
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	7,061.56 + \$		N/A	= \$	7,061.56
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00								
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies						12.	\$	7,061.56
		l	Combined monthly income						
13.	Do y	you expect an increase or decrease within the year after you file this form?	?						
		No.							